



CONNECTICUT INVENTION CONVENTION

Invention Plan

Dear Parent/Guardian,

Your child must complete this plan for his/her invention. Please assist him/her with some of this plan. After you review this form, please sign below, and indicate any concerns or questions on a separate note.

Name _____ Teacher & Grade _____

The problem I intend to solve is _____

The things I will need are _____

Places where I might find some materials are _____

People who might help me are _____

The steps I will take are

1. _____

2. _____

3. _____

4. _____

5. _____

Problems I might have are

1. _____

2. _____

3. _____

Please use the back of this paper to make a sketch of the invention and how it works.

Signature of Student

Signature of Parent/Guardian